

You may request to move money from an existing eligible retirement plan into your RIC 401a account. This is a nontaxable transfer. Please contact your previous plan administrator to determine if you must complete any required forms before the plan will release the funds.

Personal Information	Name _____ Social Security # _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">MI</small> Telephone (work) _____ Telephone (home) _____										
Roll-in Instructions	Roll my previous retirement account into my RIC 401a account with: <input type="checkbox"/> Horace Mann <input type="checkbox"/> MassMutual <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> VALIC <input type="checkbox"/> Voya*										
Previous Plan Information <small>The previous plan administrator must complete this section</small>	<p>Plan type: <input type="checkbox"/> IRA (Traditional, Rollover, Simple) <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 403(a) <input type="checkbox"/> SEP <input type="checkbox"/> Other qualified plan _____</p> Previous Employer Name (if applicable) _____ Account Number _____ Approximate rollover amount \$ _____ <p>Previous plan administrator/trustee/custodian authorization I am the Plan Administrator or Trustee for the previous plan named on this form. I affirm that the plan is eligible to make this direct rollover.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Signature _____</td> <td style="width: 50%;">Date _____</td> </tr> <tr> <td>Printed Name _____</td> <td>Phone # _____</td> </tr> <tr> <td>Company Name _____</td> <td>Fax # _____</td> </tr> <tr> <td colspan="2">Address _____</td> </tr> <tr> <td colspan="2">City, State, Zip Code _____</td> </tr> </table>	Signature _____	Date _____	Printed Name _____	Phone # _____	Company Name _____	Fax # _____	Address _____		City, State, Zip Code _____	
Signature _____	Date _____										
Printed Name _____	Phone # _____										
Company Name _____	Fax # _____										
Address _____											
City, State, Zip Code _____											
Participant Signature	I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. I understand my transferred funds will be subject to the rules and restrictions of the RIC 401a account. X _____ <small style="margin-left: 200px;">Signature</small> <small style="margin-left: 200px;">Date</small>										
Submit Form	Please submit this completed form, along with a copy of any forms required by your previous plan <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Mail to:</td> <td style="width: 30%;">DAS-HRE Attention: RIC 1305 E. Walnut Des Moines, IA 50319</td> <td style="width: 20%;">Fax: 515-281-5102</td> <td style="width: 20%;">Scan/email: terri.marshall@iowa.gov</td> </tr> </table>	Mail to:	DAS-HRE Attention: RIC 1305 E. Walnut Des Moines, IA 50319	Fax: 515-281-5102	Scan/email: terri.marshall@iowa.gov						
Mail to:	DAS-HRE Attention: RIC 1305 E. Walnut Des Moines, IA 50319	Fax: 515-281-5102	Scan/email: terri.marshall@iowa.gov								

*Formerly ING